

## GW/UST-2

## Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.  
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL  
OFFICE ADDRESS].

State Use Only

I.D. Number \_\_\_\_\_

Date Received \_\_\_\_\_

## INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

## I. Ownership of Tank(s)

Owner Name: Randy Overman  
 Corporation, Individual, Public Agency or Other Entity: \_\_\_\_\_  
 Street Address: 6402 Preston Rd.  
 County: Gulford Co.  
 City: Julian State: NC Zip Code: 27283  
 Telephone Number: (910) 697-9203  
 (Area Code)

## II. Location of Tank(s)

Facility Name: Overman Paint  
 (or Company)  
 Facility ID # (if available): \_\_\_\_\_  
 Street Address: 5018 Hooper Rd.  
 (or State Road)  
 County: Gulford <sup>McLeansville</sup> Zip Code: 27301  
 Telephone Number: (910) 697-9203  
 (Area Code)

## III. Contact Person

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Closure Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Primary Consultant: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Lab: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

## IV. U.S.T. Information

## V. Excavation Condition

## VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	500	46"x74"	GAS		✓		✓	✓	

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

NOTE: The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After Jan. 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.

## VII. Check List (Check the activities completed)

## PERMANENT CLOSURE (For Removing or Abandoning-in-place)

- ☒ Contact local fire marshal.  
☒ Notify DEM Regional Office before abandonment.  
☒ Drain & flush piping into tank.  
☒ Remove all product and residuals from tank.  
☒ Excavate down to tank.  
☒ Clean and inspect tank.  
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.  
☒ Cap or plug all lines except the vent and fill lines.  
☒ Purge tank of all product & flammable vapors.  
☒ Cut one or more large holes in the tanks.  
☒ Backfill the area.  
 Date Tank(s) Permanently closed: 8-30-95  
 Date of Change-in-Service: \_\_\_\_\_

## ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening.  
☐ Plug or cap all openings.  
☐ Disconnect and cap or remove vent line.  
☐ Solid inert material used - specify: \_\_\_\_\_

## REMOVAL

- ☒ Create vent hole.  
☒ Label tank.  
☒ Dispose of tank in approved manner.  
 Final tank destination: Safeway  
TANK DISPOSAL

## VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

JAMES HARRIS Estimator  
James Harris Estimator

James Harris  
TANK DISPOSAL

10-12-95  
 Pink Copy - Owner

